



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House • 150 Benefit Street • Providence, R.I. 02903-1209

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Website www.rihphc.state.ri.us

HISTORIC PRESERVATION INVESTMENT TAX CREDIT
PART 2 Application: Request for Certification of Proposed Rehabilitation

(Complete this form *in addition to* the Federal PART 2 form)

[Application Number (Office use only) _____]

Name of property _____

Street address of property _____

City _____ State _____ Zip code _____

Name of Project Contact Person _____

Mailing Street address _____

City _____ State _____ Zip code _____

Daytime telephone _____ E-mail _____

Has a Part 1 Application (Request for Historic Certification) been submitted for this project? No___ Yes___ If yes, date Part 1 was submitted _____

Tax Exempt Property: Under the provisions of RI General Laws 44-3-3, is this property exempt from payment of real property taxes? No___ Yes___

Adjusted Basis: State the adjusted basis for the property. \$ _____

Phased Projects: Is this a sixty (60) month phased project? No___ Yes___
(If yes, submit a phasing schedule that identifies planned beginning and ending dates for each phase and describes an identifiable portion of the project that will be completed in each phase.)

Fee: Is payment of \$500 fee for review of Part 2 enclosed? Yes____ No____
(Check or money order should be made out to RI Historical Preservation & Heritage Commission. Write Social Security number or Taxpayer ID number and the address of the property on the check.)

Applicant Information

Name of Applicant_____

Organization_____

Social Security Number or Taxpayer Identification Number_____

Mailing Street Address_____

City_____ State_____ Zip Code_____

Under penalty of perjury , I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Applicant Date

If the rehabilitation expenditures are to be incurred by a lessee or anyone other than the fee owner, provide the following **Owner's Information:**

Name of Owner_____

Mailing Street Address_____

City_____ State_____ Zip Code_____

Under penalty of perjury , I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Owner Date